

**FIELD SITE USE ONLY****SLEEP HEART HEALTH STUDY****QUALITY OF LIFE SURVEY  
(SF 36)**Field Site ID: CLINICParticipant ID#: PPTIDAlpha Code: SHHSDate form initiated: FORMDATE - 2 0 0  
month day yearVisit ID Code: F 0 2 **VISIT**Form & revision: Q L 2 **FORMREV**

*This survey asks you for your views about your health. Answer every question by checking the appropriate response. If you are unsure about how to answer a question, please give the best answer you can and make a comment in the left margin, giving the appropriate question number.*

**1. In general, would you say your health is: (Check one box.) ql201**

Excellent  <sub>1</sub>Fair  <sub>4</sub>Very good  <sub>2</sub>Poor  <sub>5</sub>Good  <sub>3</sub>

**2. Compared to one year ago, how would you rate your health in general now? (Check one box.) ql202**

Much better now  <sub>1</sub>Somewhat worse now  <sub>4</sub>Somewhat better now  <sub>2</sub>Much worse now  <sub>5</sub>About the same  <sub>3</sub>

**3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each question.)**

		<b>Yes, limited a lot</b>	<b>Yes, limited a little</b>	<b>No, not limited at all</b>
ql203a	a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>0</sub>
ql203b	b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>0</sub>
ql203c	c. Lifting or carrying groceries.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>0</sub>
ql203d	d. Climbing several flights of stairs.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>0</sub>
ql203e	e. Climbing one flight of stairs.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>0</sub>
ql203f	f. Bending, kneeling, or stooping.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>0</sub>
ql203g	g. Walking more than a mile.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>0</sub>
ql203h	h. Walking several blocks.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>0</sub>
ql203i	i. Walking one block.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>0</sub>
ql203j	j. Bathing and dressing yourself.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>0</sub>

**4. During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of your PHYSICAL HEALTH? (Please check either Yes or No for each question.)**

		<b>Yes</b>	<b>No</b>
ql204a	a. Cut down on the amount of time you spent on work or other activities.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
ql204b	b. Accomplished less than you would like.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
ql204c	c. Were limited in the kind of work or other activities you were able to do.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
ql204d	d. Had difficulty performing the work or other activities. (For example, it took extra effort).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

**5. During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of EMOTIONAL PROBLEMS (such as feeling depressed or anxious)? (Please check either Yes or No for each question.)**

- |        |  | <b>Yes</b>                            | <b>No</b>                             |
|--------|--|---------------------------------------|---------------------------------------|
| q 205a | a. Cut down on the amount of time you spent on work or other activities. | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>0</sub> |
| q 205b | b. Accomplished less than you would like.                                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>0</sub> |
| q 205c | c. Didn't do work or other activities as carefully as usual.             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>0</sub> |

**6. During the past four weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Check one box.)** q|206

- |            |                                       |             |                                       |
|------------|---------------------------------------|-------------|---------------------------------------|
| Not at all | <input type="checkbox"/> <sub>1</sub> | Quite a bit | <input type="checkbox"/> <sub>4</sub> |
| Slightly   | <input type="checkbox"/> <sub>2</sub> | Extremely   | <input type="checkbox"/> <sub>5</sub> |
| Moderately | <input type="checkbox"/> <sub>3</sub> |             |                                       |

**7. How much bodily pain have you had during the past four weeks? (Check one box.)** q|207

- |           |                                       |             |                                       |
|-----------|---------------------------------------|-------------|---------------------------------------|
| None      | <input type="checkbox"/> <sub>1</sub> | Moderate    | <input type="checkbox"/> <sub>4</sub> |
| Very mild | <input type="checkbox"/> <sub>2</sub> | Severe      | <input type="checkbox"/> <sub>5</sub> |
| Mild      | <input type="checkbox"/> <sub>3</sub> | Very severe | <input type="checkbox"/> <sub>6</sub> |

**8. During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (Check one box.)** q|208

- |            |                                       |             |                                       |
|------------|---------------------------------------|-------------|---------------------------------------|
| Not at all | <input type="checkbox"/> <sub>1</sub> | Quite a bit | <input type="checkbox"/> <sub>4</sub> |
| Slightly   | <input type="checkbox"/> <sub>2</sub> | Extremely   | <input type="checkbox"/> <sub>5</sub> |
| Moderately | <input type="checkbox"/> <sub>3</sub> |             |                                       |

**9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, check the box for the one answer that comes closest to the way you have been feeling.**

**During the past 4 weeks, how much of the time...**

		All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
q1209a	a. Did you feel full of pep?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
q1209b	b. Have you been a very nervous person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
q1209c	c. Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
q1209d	d. Have you felt calm and peaceful?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
q1209e	e. Did you have a lot of energy?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
q1209f	f. Have you felt down-hearted and blue?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
q1209g	g. Did you feel worn out?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
q1209h	h. Have you been a happy person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
q1209i	i. Did you feel tired?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**10. During the past 4 weeks, how much of the time has your health limited your social activities (like visiting with friends or close relatives)? (Check one box.)** ql210

<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**11. Please choose the answer that best describes how true or false each of the following statements is for you. (Check one box for each statement.)**

		<b>Definitely true</b>	<b>Mostly true</b>	<b>Not sure</b>	<b>Mostly false</b>	<b>Definitely false</b>
<b>ql211a</b>	a. I seem to get sick a little easier than other people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>ql211b</b>	b. I am as healthy as anybody I know.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>ql211c</b>	c. I expect my health to get worse.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>ql211d</b>	d. My health is excellent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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12. <sub>0</sub> Self administered/Interviewer administered, in: ql212

<sub>1</sub> English    <sub>4</sub> Pima

<sub>2</sub> Spanish    <sub>5</sub> Other, specify: ql212s \_\_\_\_\_

<sub>3</sub> Lakota    <sub>6</sub> Unknown

13. Interviewer or Reviewer: ql213 \_\_\_\_\_

14. Date: ql214          -            

                  month        day                    year

15. Comments:

ql215s \_\_\_\_\_

ql215t \_\_\_\_\_

ql215u \_\_\_\_\_